



**2010 GUEST INFORMATION SHEET**

TRIP DATES: \_\_\_\_\_, 2010  
NUMBER IN GROUP: 1 2 3 4 5 6 7 8 9 10 11 12 13 14  
GROUP HEAD: \_\_\_\_\_  
GUEST NAME: \_\_\_\_\_ Mr./ Dr./ Mrs./ Ms./ Miss/  
*(Full legal name required)*

Thank you for booking with Escott Sportfishing Inc. this 2010 Fishing Season!

To assist us in preparation for your upcoming fishing adventure; please take a moment to complete the following guest information sheet and return by email to [info@escottsportfishing.com](mailto:info@escottsportfishing.com) or mail to 2612 Bayview Street, Crescent Beach, BC, Canada, V4A 2Z4.

This information is used for us to personalize your trip, therefore be sure to note any special requests we can accommodate to make your trip an experience of a lifetime. Get ready for some . . . **BIG BITES !**

Thank you for your prompt reply.

STREET ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ PROV/STATE: \_\_\_\_\_ POST/ZIPCODE: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_  
MOBILE PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
BUSINESS NAME: \_\_\_\_\_  
EMERGENCY CONTACT NAME: \_\_\_\_\_  
HOME: \_\_\_\_\_ CELL: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
MEDICAL REQUIREMENTS: \_\_\_\_\_  
MEDICATION(S) : \_\_\_\_\_  
DIETARY REQUIREMENTS: \_\_\_\_\_  
FOOD ALLERGIES: YES NO  
FOOD ALLERGIES: \_\_\_\_\_  
GENERAL ALLERGIES: \_\_\_\_\_  
DO YOU REQUIRE A FISHING LICENSE? YES NO  
DO YOU SMOKE? YES NO  
BIRTH DATE (FOR FISHING LICENSE) \_\_\_\_\_ (DAY/MONTH/YEAR)  
SPECIAL REQUESTS/COMMENTS: \_\_\_\_\_

Please contact us at cell 1.604.818.5106 or [info@escottsportfishing.com](mailto:info@escottsportfishing.com) if you may have any questions or visit our web-page at [www.escottsportfishing.com](http://www.escottsportfishing.com) – Thank you!  
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